

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH16385
State File No. 4028
Registrar's No.

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 1943 PRESIDENT ST.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS d. STREET ADDRESS (If rural, give location) 24 1943 PRESIDENT ST.			
3. NAME OF DECEASED (Type or Print) a. (First) FRIEDA b. (Middle) PAULINE c. (Last) WINKLER		4. DATE OF DEATH (Month) (Day) (Year) APR. 16, 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 23, 1907		9. AGE (In years last birthday) 45		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN BACKENSTRASSE		13b. MOTHER'S MAIDEN NAME ANNA MUELLER	
14. NAME OF HUSBAND OR WIFE WILLIAM WINKLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WM. WINKLER	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. Malignant hypertension DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr More than 8 months		19a. DATE OF OPERATION 2/5/53		19b. MAJOR FINDINGS OF OPERATION Incisional hernia	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X		22. I hereby certify that I attended the deceased from 8/14 , 19 52 , to 4/16 , 19 53 , that I last saw the deceased alive on 4/15 , 19 53 , and that death occurred at 12:30 m., from the causes and on the date stated above.	
23a. SIGNATURE Adelaide Stueffer (Degree or title) M.D.		23b. ADDRESS 4500 Olive St. St. Louis 8		23c. DATE SIGNED 4/17/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE APR. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY OLD ST. MARCUS CEM.		24d. LOCATION (City, town, or county) ST. LOUIS (State) MO.		25. FUNERAL DIRECTOR'S SIGNATURE WITBROS. L & U. CO. ADDRESS 2929 S. Jefferson Ave.	
DATE REC'D BY LOCAL AG. APR 17 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE WITBROS. L & U. CO. ADDRESS 2929 S. Jefferson Ave.		26. EMBELMER'S STATEMENT ON REVERSE SIDE	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Harold E. With

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.